	A2 HOR TO 180	U 278	<b>a</b>	\$h.s	4	102 -	STATE FILE	1611 NUMBER	
<b>l</b> _'	Registration District No	Prin	nary Registration Dis	trict No.	Registrar's No.		-		
<u> </u>	1. PLACE OF DEATH a. COUNTY Pike							n: Residence before edmission)	
	b. CITY (If autside corporete limits, give TOWNSHIP only) OR TOWN			ngth of stay in 1b	c. CITY OR TOWN LO	uisiana		Inside Limits Yes 10 No 1	
-			tion)	Inside Limits Yes 10 No	d. STREET ADDRESS	•		Reside on Ferm	
	3. NAME OF DECEASED (Type or print)	First Annie		_	loberts	4. DATE OF DEATH		7 Year 1960	
=		6. COLOR OR RACE	7. Married 📉 Widowed 🗀	Never Married [	B. DATE OF BIRTH	9. AGE (last birth	nday) IF UNDER 1 Y	AR IF UNDER 24 HR	
71	Oa. USUAL OCCUPATION   during most of working	Give kind of work done 1 life, even if retired)	105. KIND OF BUS	INESS OR INDUSTR	11. BIRTHPLACE (	City and state or cou		OF WHAT COUNTRY	
1:	3a. FATHER'S NAME		13b. MOTH	IER'S MAIDEN NAM	New Ma.	TIÆ NAMI	E OF HUSBAND OR W		
	5. WAS DECEASED EVER	IN U.S. ARMED FORCES?		AL SECURITY NO.	17. INFORMANT		Address	:	
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH								
	IMMEDIATE CAUSE (a) Derevaling of Personal Cours.								
	which gave rise to above cause (a), stating the under-							10 mths-1	
NOIL	· -	OTHER SIGNIFICANT CO	ONDITIONS CONTR	IBUTING TO DEAT	d but not related to	the terminal F		d was female was gnancy in last 90 days.	
ERTIFIC/	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICIDI	HOMICIDE	20b. DESCRIBE HO	V INJURY OCCURRED	. (Enter nature of inj	' '	No Unknown	
	YES NO []  20c. TIME OF Hout INJURY a.m.	Month, Day, Year						<del></del>	
WEI	· ·	D 20e. PLACE farm, f	OF INJURY (e.g., in actory, street, office	or about home, 2 bldg., etc.)	of. CITY, TOWN, OR	LOCATION	COUNTY	STATE	
21. I attended the deceased from 11/23/59 to 8/9/60 and last saw her alive on 8/9/60									
226/\$IGNATURE / (Degree or 1971e)   22b. ADDRESS   2							22c. DATE SIGNED		
	Ba. BURIAL, CREMATION,	23b. DATE	23c. NAME OF					8/10 <b>6</b> 60 (State)	
_	Burial	8-11-60		armony Co	emetary			ssouri.	
	Mun 6	, ] . <i>       </i>	idalia 1	no au	4 11-19le	Der	W C	eller)	
	- - - -	a. COUNTY  b. CITY (If autside cor. OR TOWN  c. FULL NAME OF (If N HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or print)  5. SEX  F emale  10a. USUAL OCCUPATION (during most of working HOUS eW  13a. FATHER'S NAME  Geo. W. TI  15. WAS DECEASED EVER (Yes, no, or unknown) (If yes, no, or un	1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, give TOWNS OR TOWN Louisiana  c. FULL NAME OF (If NOT in hospital, give local HOSPITAL OR INSTITUTION HOME  3. NAME OF DECEASED First     (Type or print) Annie  5. SEX	1. PLACE OF DEATH  a. COUNTY  Pike  b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME  3. NAME OF DECEASED (Type or print) Annie  5. SEX Female White Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 113a. FATHER'S NAME Geo. W. Thurman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and part in the give rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (a), attaining the underlying cause lest.  Conditions, if any, which gave rise to above cause (b), attaining the underlying cause lest.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTR disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED?  WHILE AT WORK   20a. PLACE OF INJURY (e.g., infarm, factory, street, office of the part of the graph o	1. PLACE OF DEATH  e. COUNTY  D. CITY (If outside corporate limits, give TOWNSHIP only)  D. CITY (If outside corporate limits, give TOWNSHIP only)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  HOME  3. NAME OF DECEASED  (Itype or print)  S. SEX  A. COLOR OR RACE  White  10a. USUAL OCCUPATION (Give kind of work done during apast of working life, even if retired)  HOUS CWITE  11a. FAIHER'S NAME  COO. W. THUTMAN  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).  PART I. OHARD SCAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.)  DUE TO (b)  Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.)  DUE TO (b)  WAS AUTOPSY  20a. ACCIDENT SUICIDE HOMICIDE  20b. DESCRIBE HOW MONTH, Day, Year INJURY a.m.  DUE TO (c)  19. WAS AUTOPSY  20c. IMME OF Hout Month, Day, Year INJURY a.m.  Due TO (c)  10c. USUAL OCCURRED With Month, Day, Year INJURY a.m.  Due TO (c)  11b. WAS CAUSE OF INJURY (e.g., in or about home, 2 farm, factory, street, office bidg., etc.)  Death occurred et.  11c. CAUSE OF CEMATION, 23b. DATE  12a-BLEILAL CREMATION, 23b. DATE  12b. DATE  12c. NAME OF CEMETERY OR CRE  NEW Harmony Ce  25c. DATE  25c. DATE  PAFFUREACE OF INJURY (25c. DATE  BUT 12 (25c. DATE  DEATH OCCURRED NEW HARMONY CE  25c. DATE  PAFFUREACE DEFECTORY  12c. NAME OF CEMETERY OR CRE  NEW HARMONY CE  25c. DATE  PAFFUREACE DEFECTORY  12c. NAME OF CEMETERY OR CRE  NEW HARMONY CE  25c. DATE  PAFFUREACE DEFECTORY  15c. DATE  PAFFUREACE DEFECTORY  15c. DATE  D. COURT ON THE ATTORY  15c. MORD OF BUSINESS OR INDUSTRY  15d. MORD OF BUSINESS  15d. MORD OF BUSINESS  15d. MORD OF BUSINESS  15d. MORD OF BU	1. PLACE OF DEATH  a. COUNTY  Pike  b. CITY (If cutside corporate limits, give TOWNSHIP only)  b. CITY (If cutside corporate limits, give TOWNSHIP only)  c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  INSTITUTION  HOME  1. Inside Limits  Annie  M. Roberts  1. Annie  M. Roberts  1. Annie  M. Roberts  1. Annie  M. Roberts  1. B. DATE OF BIRTH  Female  White  White  10a. USUAL OCCUPATION (Give kind of work done during apart of working life, even if retired)  HOUSe Will  10a. FATHER'S NAME  10a. FATHER'S NAME  10b. KIND OF BUSINESS OR INDUSTRY  11 B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).  PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to above cause (a), staining the underly lying cause leas.  OCCORDITION, Harry, which gave rise to (sease)  PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART 1 (a)  19. WAS AUTOPSY  YER COMBROOM  10 JULY OCCUPRED  YER COMBROOM  NOT WHILE AT WORK    20 JULY OF CEMETERY OR CREMATORY  WHILE AT WORK    21 Lattended the deceased from 11/23/59  Death occurred at 11/23/59  Dea	1. PLACE OF DEATH  6. COUNTY  Pike  6. CITY (If ourside corporers limits, give TOWNSHIP only)  1. CITY (If ourside corporers limits, give TOWNSHIP only)  1. CITY (If ourside corporers limits, give TOWNSHIP only)  1. C. CITY OR TOWN LOUISIANA  C. FULL NAME OF (If NOT in hospital, give location)  3. NAME OF DECEASED  Annie  Middle  Noberts  1. DATE OF DECEASED  (If our ADDRESS 4.15 So. 5t  Annie  Noberts  1. DATE OF DEATH  (If our ADDRESS 4.15 So. 5t  Annie  Noberts  1. DATE OF BIRTH  Niddle  Noberts  1. DATE OF BIRTH  Noberts  1. DATE OF BIRTH  1. DATE OF BIRTH  Noberts  1. DATE OF BIRTH  Noberts  1. DATE OF BIRTH  1. DATE OF BIRTH  Noberts  1. DATE OF BIRTH  Noberts  1. DATE OF BIRTH  Noberts  New Harmony.  New Harmony.  New Harmony.  New Harmony.  Noberts  1. NAME OF BIRTH  Noberts  1. DATE OF BIRTH  Noberts  Noberts  1. DATE OF BIRTH  Noberts  Noberts	PLACE OF DEATH	



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was emballied by
or by	, Student Embalmer No
working under my personal supervision	Signed William B Waters
Signature of Student Embalmer	
, ·	Licensed Embalgrier No. 4/69

P. O. Address Must be signed by the Licensed embalmer in his OWN HANDWRITING. (Failure to come with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.